

## MYOFIBROLYSIS

*Parolo E*

*UO di riabilitazione, Ospedale San Gerardo, Monza, Italy*

Complications in Sports Medicine can often be ascribed to a faulty diagnosis and to a wrong therapeutic approach. The adverse evolution can be post-traumatic fibrosis, liquid layer, calcifications might develop. In post-traumatic fibrosis the transcutaneous fibrolysis is often useful and resolutive. This procedure can be considered as a parasurgery treatment that can be included into the therapeutic tools of manual medicine. Transcutaneous fibrolysis, which was first introduced by Kurt Ekman as a remedy for morbid forms defined 'fibrosites', is suitable for the treatment of adhesions and post-trauma and/or post-inflammatory of soft tissue. The basic principle behind this procedure is the detachment of the adherence and the fragmentation of fibrotic evolution up to complete reabsorption.

Transcutaneous fibrolysis relies on the use of fibrolytors, hook-shaped steel tools with a flat and sharp end which is responsible for the mechanical features.

Transcutaneous fibrolysis takes place in two steps: first the screening or diagnostic step, which is performed on the skin and on the muscular mass through the probe of the fibrolytor; then the actual therapeutic action, represented by a mechanical transdermic fragmentation.

This therapy aims at faceting the surface of the fibrous component in order to induce by a transdermic way its mechanical fragmentation over a few sessions, i.e. two or three sessions a few days apart. There are several indications in sport medicine from post-trauma fibrosis, to functional overloading syndrome and to insertion tendinopathy and enthesopathy.

Although either a former trauma or a functional overload can emerge from the clinical records of the patient, often the occurrence of the symptoms can actually be related to well-known pathologies such as the sciatic syndrome in fibrotic compression of sciatic nerve, and in this case the aforementioned procedure is healing. During each therapy session a pain return is observed, involving in particular the most adherent areas; after the session, moreover, it is sometimes recorded a sharpening of symptoms which can last for a few hours. This procedure is not suitable in the presence of capillary fragility and in coagulation pathologies; moreover, it is discouraged for elderly people or people with a low tolerance towards pain.

Finally, this procedure must be followed by specific therapy and rehabilitation protocols aimed at facilitating the sliding of the band and the muscular bands and recover their functionality.

---